

# TOWN OF EAST HAMPTON

## ARCHITECTURAL REVIEW BOARD



**BUSINESS SIGN**  
**APPROVAL APPLICATION**

Please consult with Town Code Section 255-7-30 and 255-1-20 “Sign”. This application must be fully completed and submitted to the Architectural Review Board, along with the following information:

1. **Fees:** An application fee in the form of certified check, money order or Attorney's check made payable to the Town of East Hampton must be submitted in accordance with the fee schedule below. Fees are entirely nonrefundable once review of the particular application has commenced.
  - \$100 for a new sign
  - \$150 for a existing sign
2. **Two (2)** copies (*original plus 1 copy*) of the completed application form
3. **Two (2)** copies of a CURRENT scaled survey prepared by a licensed surveyor, accurately showing the location of
  - Proposed sign(s)
  - ALL existing sign(s) on the property
4. **Two (2)** copies of pictures of the proposed and existing signs with dimensions.
5. If a sign is to be mounted on a building, provide either scale drawing of building front, showing sign location, or snapshot photo(s) of building, marked to show sign location.

**I. APPLICANT INFORMATION:**

**Applicant or Applicant’s agent is required to attend Architectural Review Board meetings for review of application**  
**Deadline for submission of Application is the first and third Thursday by Noon**

**Name of Business** \_\_\_\_\_

- A. Property Owner:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone** \_\_\_\_\_ **Facsimile:** \_\_\_\_\_
- B. Business Tenant:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone** \_\_\_\_\_ **Facsimile:** \_\_\_\_\_
- C. Agent:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Facsimile:** \_\_\_\_\_

**D. Applicant is the (check one) [ ] Property Owner [ ] Business Tenant**

**E. CORRESPONDENCE TO BE SENT TO: (check one) [ ] A [ ] B [ ] C**

**F. Is this application subject to Site Plan Review? (check one) [ ] Yes [ ] No**

**G. Are there any open code violations on the property? (check one) [ ] Yes [ ] No**

**If yes, please explain the nature of the violation:** \_\_\_\_\_

**NOTE: The Board meets the second & fourth Thursday of every month at 6:00 pm in the Court Room at 159 Pantigo Road, East Hampton, NY 11937**

**II. PROPERTY IDENTIFICATION AND LOCATION**

- A. Street, House Number & Hamlet:** \_\_\_\_\_
- B. Suffolk County Tax Map Number: 300-** \_\_\_\_\_
- C. Zoning District (circle one): B A A2 A3 A5 MF Other:** \_\_\_\_\_

**III. PROJECT INFORMATION**

**EXISTING SIGNS(S):**

**Number of signs** \_\_\_\_\_

**Single or Double Sided**

\_\_\_\_\_

**Will any of the above be removed?** \_\_\_\_\_ **Which?** \_\_\_\_\_

**Are you changing the design, lettering, colors, location, or lighting?**

\_\_\_\_\_

**PROPOSED SIGN(S) & Name on Sign** \_\_\_\_\_

**Number and size?** \_\_\_\_\_

**Sq. feet of each proposed?** \_\_\_\_\_ **Single or double sided?** \_\_\_\_\_

**If sign will be illuminated, describe number, type, placement and wattage of lights:** \_\_\_\_\_

\_\_\_\_\_

**Total Sq. feet of all signs** \_\_\_\_\_

**I attest that the above information is complete and accurate to the best of my knowledge.**

**I, the owner, hereby authorize the Architectural Review Board to enter the subject parcel to review the pending application for ARB approval.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Revised July 14, 2015**